

ROUTING/EVALUATION FORM/DESIGN PLAN PROCESS

Design Exception

Consultant: _____

Description: _____

Structure: _____

CN Project: _____

Des. #(s): _____

REVIEWER'S RATING ITEMS

Identification of Need _____

Analysis _____

Procedure/Compliance _____

Cooperation _____

Timeliness _____

5 = Excellent, 4 = Good, 3 = Marginal
2 = Poor, 1 = Unsatisfactory

Comments: _____

Are the revisions major? YES NO (Circle Yes or No)

Reviewer's Signature: _____ Date: _____